

PLAN AUTHORIZATION FORM

I. PLAN IDENTIFYING INFORMATION

Name _____
 Contract Number(s) H _____; H _____; H _____; H _____
 Address _____

 Contact Person _____ Telephone # _____

II. THIRD PARTY CONTRACTOR INFORMATION

- A. This is to authorize the contractor, as named below, to upload membership records for our plan to the CMS Data Center. YES (Please circle)
 B. This is to authorize the contractor, as named below, to access the CMS Data Center to download the monthly Grouch reports for our Plan. YES (Please circle)

Name _____
 Address _____

 Telephone # _____

III. ADDITION OR DELETION OF A PLAN

This section authorizes the addition or deletion of a Plan.

- A. Addition of a NEW Plan, Contract Number H _____
 Name _____
 Address _____

 Contact Person _____ Telephone # _____
 B. Deletion of a Plan, Contract Number H _____
 Name _____
 Address _____

 Contact Person _____ Telephone # _____

IV. REVOCATION OF THE USE OF A THIRD PARTY CONTRACTOR

This authorizes CMS to revoke the use of the third party contractor, as named below, for our Plan,

Contract Number H _____, Plan Contract Name _____
 Contractor's Name _____
 Address _____

 Authorizing Signature Printed Name Date